

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/522 870

## CLAIMS AS FILED - PART I

|   | (Column 1)  | (Column 2)                             |
|---|---|--|
| U.S. NATIONAL STAGE FEES                                  |   |  |
| BASIC FEE   | SMALL ENT. = \$ 150   | LARGE ENT. = \$ 300                    |
| EXAMINATION FEE   | Satisfies PCT Article 33(1)-(4) = \$ 50 / \$ 100                      | All other situations = \$ 100 / \$ 200 |
| SEARCH FEE  | U.S. is ISA = \$ 50 / \$ 100<br>ALL other countries = \$ 200 / \$ 400 | All other situations = \$ 250 / \$ 500 |
| FEE FOR EXTRA SPEC. PGS.                                  | minus 100 =   | / 50 =                                 |
| TOTAL CHARGEABLE CLAIMS                                   | 20 minus 20 = *   |  |
| INDEPENDENT CLAIMS  | 3 minus 3 = *   |  |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |   |  |

\* If the difference in column 1 is less than zero, enter "0" in column 2

### SMALL ENTITY

TYPE ☐

OR

### OTHER THAN SMALL ENTITY

| RATE       | FEE |
|------------|-----|
| BASIC FEE  |     |
| EXAM. FEE  |     |
| SEARCH FEE |     |
| X \$ 125 = |     |
| X \$ 25 =  |     |
| X \$ 100 = |     |
| + \$ 180 = |     |
| TOTAL      |     |

OR

| RATE       | FEE |
|------------|-----|
| BASIC FEE  | 300 |
| EXAM. FEE  | 200 |
| SEARCH FEE | 400 |
| X \$ 250 = |     |
| X \$ 50 =  |     |
| X \$ 200 = |     |
| + \$ 360 = |     |
| TOTAL      |     |

## CLAIMS AS AMENDED - PART II

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT A   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | *                                | Minus                              | **            |
| Independent   | *                                | Minus                              | ***           |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

### SMALL ENTITY

OR

### OTHER THAN SMALL ENTITY

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X \$ 25 =        |                |
| X \$ 100 =       |                |
| + \$ 180 =       |                |
| TOTAL ADDIT. FEE |                |

OR

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X \$ 50 =        |                |
| X \$ 200 =       |                |
| + \$ 360 =       |                |
| TOTAL ADDIT. FEE |                |

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT B   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | *                                | Minus                              | **            |
| Independent   | *                                | Minus                              | ***           |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X \$ 25 =        |                |
| X \$ 100 =       |                |
| + \$ 180 =       |                |
| TOTAL ADDIT. FEE |                |

OR

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X \$ 50 =        |                |
| X \$ 200 =       |                |
| + \$ 360 =       |                |
| TOTAL ADDIT. FEE |                |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND  |                                   |   |                 |           |   |   |    |   |   |   |   |
|--|-----------------------------------|---|-----------------|-----------|---|---|----|---|---|---|---|
| 1 Date of Request: <u>6-28-05</u>  |                                   | 2 Serial/Patent # <u>10/522,870</u>   |                 |           |   |   |    |   |   |   |   |
| 3 Please refund the following fee(s):  |                                   | 4 PAPER<br>NUMBER   | 5 DATE<br>FILED | 6 AMOUNT  |   |   |    |   |   |   |   |
|  | Filing                            |   |                 | \$        |   |   |    |   |   |   |   |
|  | Amendment                         |   |                 | \$        |   |   |    |   |   |   |   |
|  | Extension of Time                 |   |                 | \$        |   |   |    |   |   |   |   |
|  | Notice of Appeal/Appeal           |   |                 | \$        |   |   |    |   |   |   |   |
|  | Petition                          |   |                 | \$        |   |   |    |   |   |   |   |
|  | Issue                             |   |                 | \$        |   |   |    |   |   |   |   |
|  | Cert of Correction/Terminal Disc. |   |                 | \$        |   |   |    |   |   |   |   |
|  | Maintenance                       |   |                 | \$        |   |   |    |   |   |   |   |
|  | Assignment                        |   |                 | \$        |   |   |    |   |   |   |   |
| ✓  | Other <u>Search Fee</u>           |   | 1-26-05         | \$ 100.00 |   |   |    |   |   |   |   |
|  |                                   | 7 TOTAL AMOUNT<br>OF REFUND   |                 | \$ 100.00 |   |   |    |   |   |   |   |
|  |                                   | 8 TO BE REFUNDED BY:  |                 |           |   |   |    |   |   |   |   |
|  |                                   | Treasury Check  |                 |           |   |   |    |   |   |   |   |
|  |                                   | Credit Deposit A/C #:   |                 |           |   |   |    |   |   |   |   |
|  |                                   | 9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"><tr><td>5</td><td>0</td><td>--</td><td>1</td><td>8</td><td>9</td><td>1</td></tr></table> |                 |           | 5 | 0 | -- | 1 | 8 | 9 | 1 |
| 5  | 0                                 | --  | 1               | 8         | 9 | 1 |    |   |   |   |   |
| 10 REASON:   |                                   |   |                 |           |   |   |    |   |   |   |   |
|  | Overpayment                       |   |                 |           |   |   |    |   |   |   |   |
|  | Duplicate Payment                 |   |                 |           |   |   |    |   |   |   |   |
|  | No Fee Due (Explanation):         |   |                 |           |   |   |    |   |   |   |   |
| <u>Fee Code Correction</u>   |                                   |   |                 |           |   |   |    |   |   |   |   |
|  |                                   |   |                 |           |   |   |    |   |   |   |   |
|  |                                   |   |                 |           |   |   |    |   |   |   |   |
| 11 REFUND REQUESTED BY:  |                                   |   |                 |           |   |   |    |   |   |   |   |
| TYPED/PRINTED NAME: <u>Barbara A. Campbell</u> TITLE: <u>Paralegal</u>   |                                   |   |                 |           |   |   |    |   |   |   |   |
| SIGNATURE: <u>BAC</u>  |                                   |   |                 |           |   |   |    |   |   |   |   |
| OFFICE: <u>PCT/DO/EO</u>   |                                   |   |                 |           |   |   |    |   |   |   |   |
| <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Repln. Re <u>PHONE</u> 2005 BCAMPBEL 0017401300</span> <span>DAH: 501891 Name/Number: 10522870</span> </div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>FC: 9204</span> <span>\$100.00 CR</span> </div> |                                   |   |                 |           |   |   |    |   |   |   |   |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****  |                                   |   |                 |           |   |   |    |   |   |   |   |
| APPROVED: _____ DATE: _____  |                                   |   |                 |           |   |   |    |   |   |   |   |

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*